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Enrollment Requirements

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20.000 ENROLLMENT REQUIREMENTS

20.100 Preface

1. ADHS/CRS serves individuals from birth to 21 years of age who reside in the State of Arizona and who have a CRS condition. CRS conditions and excluded conditions are detailed in Chapter 30.000. This section presents information on the eligibility and enrollment requirements for the CRS program. It describes:
 - A. The referral process, including the manner in which applicants are referred to ADHS/CRS;
 1. Guidelines for completing the CRS Referral Form;
 2. The description of the methods used by CRS to review and verify the financial and non-medical application packet.
 3. Non-medical eligibility requirements which includes age, residency and citizenship requirements; and
 4. Information about CRS member payment responsibility based on individual and family financial information.
 - B. The eligibility determination process:
 1. Preliminary determination of medical eligibility;
 2. Age requirements;
 3. Residency requirements;
 4. Citizenship requirements;
 5. Financial interview, application and enrollment in other health care programs;
 6. Acceptance of payment responsibility; and
 7. Attendance at an enrolling clinic visit.

20.200 Referral To CRS

Referrals to ADHS/CRS are initiated by submitting a CRS Referral Form. The Referral Form can be obtained from many sources including physicians' offices and the CRS Regional Contractor locations. The CRS Referral Form may be faxed, mailed, or delivered in person to one of the CRS Regional Clinics.

1. The CRS Referral Form shall contain the following:
 - A. The name, address, and phone number of the referral source;
 - B. The relationship of the referral source to the applicant;
 - C. The name and sex of the applicant;

- D. If the applicant is a child, the name of at least one parent of the applicant;
- E. The address and phone number (home and work, if applicable) of the applicant or, if the applicant is a child, the address of at least one parent of the applicant;
- F. If known to the referral source:
 - 1. The applicant's date of birth;
 - 2. The applicant's diagnosis; and
 - 3. The applicant's primary care physician or, if the applicant does not have a primary care physician, the name of a health care organization at which the applicant receives medical care; and
 - 4. If the individual previously received covered CRS medical services the year in which the individual received the services, and the CRS Regional Contractor responsible for providing the services.
- G. For an applicant who is enrolled in Title XIX or Title XXI, has other health insurance, or does not have health insurance but has been evaluated by a physician, the following are required:
 - 1. Documentation from a physician who has evaluated the applicant, stating the medical diagnosis the physician gave the applicant;
 - 2. Diagnostic test results that support the medical diagnosis the physician gave the applicant.
- H. If the applicant is not enrolled in Title XIX or Title XXI, or other health insurance, and if a physician has not evaluated the applicant, the reason the referral source believes that the individual may be eligible for CRS.
- I. If the applicant is not enrolled in Title XIX or Title XXI, or other health insurance, and if the applicant has been evaluated by a physician:
 - 1. Documentation from the physician who evaluated the applicant, stating the individual's diagnosis made by the physician; and
 - 2. If available, diagnostic test results that support the applicant's diagnosis made by the physician.

20.300 Eligibility Requirements

20.301 Age

- 1. An individual must be under twenty-one years of age.
- 2. A CRS Regional Contractor shall accept one of the following documents as proof of an individual's age:

- A. An Immigration and Naturalization Service document;
- B. A federal or state census record;
- C. A hospital record of birth;
- D. A certified copy of a birth certificate;
- E. A military record;
- F. A notification of birth registration;
- G. A religious record;
- H. A school record; or
- I. A United States (U.S) passport.

20.302 Citizenship

1. The citizenship requirement for CRS is that an individual:
 - A. Is a U.S. citizen;
 - B. Is a qualified alien who meets the requirements of A.R.S. § 36-2903.03(B); or
 - C. Has continuously been a CRS enrolled member since August 5, 1999.
2. A CRS Regional Contractor shall accept one of the following documents as proof that an individual is a U.S. citizen:
 - A. A certified copy of a birth certificate;
 - B. A certified copy of a religious record issued within three months of birth;
 - C. A naturalization certificate reflecting U.S. citizenship;
 - D. A current or expired U.S. passport;
 - E. A certificate of U.S. citizenship; or
 - F. Documentation evidencing that an individual is currently enrolled in Title XIX or Title XXI health care insurance.

20.303 Residency

1. The residency requirements for CRS are that an individual is a resident of Arizona and intends to remain in Arizona.
2. A CRS Regional Contractor shall accept one of the following documents as proof that an individual is a resident of Arizona.
 - A. Documented evidence of current enrollment in Title XIX or Title XXI health care insurance identification number/card;

- B. A rent or mortgage receipt for property located in Arizona, where the applicant lives;
- C. A lease for property located in Arizona where the applicant lives;
- D. A written statement confirming residence at an Arizona nursing care institution under A.R.S., Title 36, Chapter 4, signed by the administrator of the Arizona nursing care institution;
- E. An unexpired Arizona motor vehicle operator's license;
- F. A current Arizona motor vehicle registration, issued within 12 months from the date of an application for enrollment in CRS;
- G. A pay stub from the Arizona employer;
- H. A utility bill for property in Arizona, where the applicant lives;
- I. A current phone directory listing for a telephone located at property in Arizona;
- J. A United States Post Office record reflecting an Arizona residence;
- K. A certified copy of a church record reflecting an Arizona residence;
- L. A certified copy of a school record reflecting an Arizona residence; or
- M. An affidavit signed by the individual or, if the individual is a child, by the individual's parent, certifying that:
 - 1. None of the documents in subsections (2)(A) through (2)(L) are available; and
 - 2. The individual resides in Arizona.
- 3. As proof of an individual's intent to remain in Arizona, a CRS Regional Contractor shall accept an affidavit from the individual that:
 - A. Attests to the intent of the individual to remain in Arizona; and
 - B. Is signed by the individual or, if the individual is a minor, by the individual's parent or legal guardian.

20.400 Preliminary Determination Of Medical Eligibility

- 1. CRS Referral Form shall be completed and submitted to the CRS Regional Contractor for a preliminary determination of medical eligibility (see 20.200 for required fields to be submitted on the form).
- 2. CRS will review the Referral Form and medical records, if available, to determine medical eligibility.

20.401 Notice Of Preliminary Medical Determination

- 1. If a CRS Regional Medical Director or designee makes a preliminary determination that an applicant may be medically eligible for CRS, the CRS Regional Contractor shall, within 10 days from the receipt of the

completed CRS referral, notify the referral source and applicant, or if a minor, the applicant's parent in writing of the determination along with the following:

- A. A financial application (see attached).
- B. A written notice of intent that:
 - 1. A CRS Regional Medical Director or designee has made a preliminary determination that the applicant is medically eligible for CRS;
 - 2. The applicant is authorized for an initial evaluation at a CRS clinic for a determination of medical eligibility for CRS;
 - 3. The applicant must meet the medical and enrollment requirements for CRS;
 - 4. The applicant must comply with CRS eligibility requirements;
 - 5. The applicant may not receive services beyond the initial evaluation until the applicant complies with the CRS eligibility requirements and;
 - 6. The application will be withdrawn after the initial evaluation if the applicant does not supply the non-medical requirements within 10 days of the visit, and the option that the applicant can re-apply.
- C. The address and telephone number of the CRS Regional Clinic that received the referral;
- D. The address at which the applicant shall receive an initial medical evaluation;
- E. The applicant's scheduled clinic appointment date, and the procedure for rescheduling the appointment, if the applicant is unable to keep the scheduled appointment.
- F. Information about CRS including;
 - 1. An overview of CRS
 - 2. Medical and Non-medical eligibility requirements for CRS;
 - 3. Documentation the CRS Regional Contractor requires from an applicant to complete the financial and non-medical eligibility screening; and
 - 4. Criteria for determining which individuals are part of a household income group.
- 2. If a CRS Regional Medical Director or designee receives an incomplete referral and is unable to make a preliminary determination for medical eligibility, the CRS Regional Contractor shall, within 10 days from the

receipt of the incomplete referral, send a written notice to the referral source and applicant or parent:

- A. Identifying the additional documentation or information the CRS Regional Contractor requires for a preliminary determination of medical eligibility for CRS and complies with A.R.S 41-1092.03;
 - B. Requesting that the referral source submit the additional documentation or information within 30 days from the date of the notice; and
 - C. Informing the referral source that, if the CRS Regional Contractor does not receive the requested documentation or information within 30 days from the date of the notice, the CRS Regional Contractor shall consider the referral withdrawn.
3. If a Regional Medical Director or designee determines that an applicant is not medically eligible for CRS, the CRS Regional Contractor shall within 10 days from the receipt of the completed referral:
- A. Send to the applicant written notice of denial that:
 1. The CRS Regional Contractor determined that the applicant is not medically eligible for CRS; and
 2. The applicant may request an Administrative Hearing regarding the decision with instructions on how to make the request.
 - B. Send a copy of the written notice of denial to the referral source.
4. If the Department determines that an individual may be eligible for CRS, the Department shall schedule the date of an initial evaluation no more than 30 calendar days after the date of the medical determination.

20.500 Application Packet (Financial and Non-Medical)

1. Individuals who meet the preliminary determination for medical eligibility and seek to apply for CRS shall submit to a CRS Regional Contractor an application packet including:
 - A. A Financial Application Form containing the following information:
 1. The applicant's name, address, telephone number, and/or message number;
 2. If the applicant is a child, the name, address, telephone number, message number, employer/work address if applicable, of at least one parent of the applicant;
 3. The applicant's social security number if the applicant has a number;
 4. Whether the applicant is covered by health insurance;
 5. If the applicant is covered by insurance:

- a. The primary company's name, billing address, and telephone number; and
 - b. The applicant's policy or plan number, ID number, group name, group number, end date and coverage type.
 6. If the applicant has secondary insurance:
 - a. The secondary insurance company's name, billing address, and telephone number; and
 - b. The secondary insurance company policy or plan number, ID number, group name, group number, end date and coverage type.
 7. If the applicant receives services from DES/Adoption Subsidy, DES/CMDP, or DES/Division of Developmental Disabilities (DDD), the name(s) of the programs;
 8. Whether the applicant is enrolled in Title XIX or Title XXI federally funded programs;
 9. The gross annual income of the applicant's household income group along with the name(s) and age(s) of individuals in the applicant's household income group;
 10. The date the application is signed; and
 11. The signature of the applicant or, if the applicant is a child, the signature of at least one parent of the applicant.
- B. As proof of age, one of the documents listed in 20.301;
- C. As proof of citizenship requirements as listed in 20.302; and
- D. As proof of residency requirements as listed in 20.303.

20.501 Financial Eligibility Interview for New Applicant

1. Every CRS applicant, or if the applicant is a minor, the parent of the applicant, shall participate in an eligibility interview with a designated CRS Regional Contractor or designee. The purpose of the eligibility interview is to obtain applicant information to complete the ADHS/CRS enrollment requirements, including financial and non-medical eligibility screening.
2. The CRS Regional Contractor or designee shall conduct the eligibility interview in the manner that is most efficient, timely, and considerate of the applicant/parent needs. The following shall apply:
 - A. When an applicant is a minor, a parent shall complete the CRS financial eligibility interview;

- B. Upon the completion of the interview the applicant or if the applicant is a minor, a parent of the applicant shall sign a member payment agreement; and
 - C. The financial eligibility interview should be completed prior to the applicant's initial clinic visit.
- 3. If the CRS Regional Contractor or designee determines during the financial eligibility screening process that the applicant does not meet the age, citizenship, and residency requirements for CRS, the CRS Regional Contractor or designee shall:
 - A. Send a written notice of denial to the applicant/parent with instructions on how to request an Administrative Hearing; and
 - B. Rescind the authorization for the applicant's initial CRS clinic visit.
- 4. The CRS Regional Contractor or designee shall conduct system screening to determine if the applicant is enrolled in Title XIX or Title XXI programs.
 - A. If the CRS Regional Contractor or designee determines that the applicant is enrolled in either Title XIX or Title XXI programs, the CRS Regional Contractor or designee shall:
 - 1. Consider the applicant eligible for enrollment into CRS;
 - 2. Have the applicant, or if the applicant is a minor, the parent of the applicant, sign a member payment agreement.
 - B. If the CRS Regional Contractor or designee determines that the applicant is not enrolled in either Title XIX or Title XXI programs, conduct a financial eligibility interview.
- 5. If the applicant does not have Title XIX or Title XXI health care insurance, obtain copies of the following documentation for each individual in the applicant's household income group, if applicable:
 - A. If an individual in the household income group is employed, the individual's:
 - 1. Pay stubs for the 30 calendar days before the date on the applicant's application forms;
 - 2. Most recent W-2 form, and Federal tax return most recently filed by the individual.
 - B. If an individual in the household income group is self-employed, the individual's:
 - 1. Federal tax return, including a schedule C, most recently filed by the individual;

2. Most recent quarterly financial statement signed and dated by the individual;
 3. Documented evidence of all unearned income received by an individual, such as cancelled checks or court orders for child support payments;
 4. Documented evidence of all medical expenses incurred by an individual and paid during the 12 months before the date on the application form; and
 5. Documented evidence of all unpaid medical expenses.
- C. If applicable, documented evidence of:
1. Any court award or settlement related to the applicant's CRS condition; and
 2. Expenditures from the court award or settlement made for medical services for the applicant. (See 20.700 for further details regarding income).
6. The CRS Regional Contractor shall conduct a financial eligibility interview for all non-AHCCCS eligible applicants that consist of the following program standards:
- A. Determining applicant/family's adjusted gross income. Income is determined based upon verification of income, deductions, and family size.
 - B. The applicant/family's adjusted gross income is then compared with the program's standards to determine member payment responsibility.
7. If the applicant is scheduled for an initial clinic visit on the same day of the CRS financial interview and has been unable to provide information to complete the Eligibility screening, the applicant/family will be advised they:
- A. May attend the first clinic;
 - B. May be financially responsible for any diagnostic testing; and
 - C. Will not be allowed future clinic visits until the financial eligibility interview is complete.
8. If the applicant/family is found to be potentially eligible for Title XIX or Title XXI, the application process for Title XIX through the Department of Economic Security (DES) or Title XXI enrollment will be explained and the applicant/family will have the option of completing the Financial Application at the CRS Regional Contractor site.
9. If the applicant chooses to complete the Financial Application at the CRS Regional Contractor site, the CRS Regional Contractor or designee shall assist the applicant in completing the application and:

- A. If the applicant/family is potentially eligible for Title XIX, the CRS Regional Contractor or designee shall contact the DES representative to:
 - 1. Assist the applicant/parent in determining eligibility on the same day of the CRS financial interview; and
 - 2. When DES cannot make eligibility determination on the day of the applicant's CRS financial interview, contact the applicant's DES representative at 10 and 30 working days of the referral to determine the status of enrollment.
 - B. If the applicant/family is found to be potentially eligible for Title XXI, the CRS Regional Contractor or designee shall:
 - 1. Forward the Financial Application to AHCCCS KidsCare for eligibility determination; and
 - 2. Contact a representative from the KidsCare office within 10 and 30 working days of the referral to determine the status of enrollment.
 - C. If the CRS Regional Contractor has not been able to determine eligibility for Title XIX or Title XXI programs within 30 days of the initial interview, the CRS Regional Contractor shall contact the ADHS/CRS Program Manager or designee.
- 10. If the applicant is deemed eligible for Title XIX or Title XXI programs the CRS Regional Contractor or designee shall consider the applicant to be AHCCCS eligible for CRS services.
 - 11. If the applicant is not deemed eligible for Title XIX or Title XXI programs, the CRS Regional Contractor or designee shall complete the financial eligibility interview according to the CRS program standards to determine member payment responsibility.
 - 12. If the applicant/parent fails to provide financial information or documentation as requested to the CRS Regional Contractor or designee, within 10 days after the initial financial interview, the CRS Regional Contractor shall consider the application to CRS withdrawn and notify the applicant/parent in writing that they can reapply to the CRS program.
 - 13. If an applicant is found to be eligible for ALTCS, the CRS Regional Contractor or designee shall assist the applicant/family with the ALTCS referral process:
 - A. Consider the applicant to be non-AHCCCS and deemed eligible for CRS according to program standards until ALTCS eligibility has been determined;

- B. If the applicant is determined ALTCS, and is enrolled in the AHCCCS program, the applicant/parent shall sign a new payment agreement, if appropriate;
- C. If the applicant is deemed ineligible for ALTCS the applicant/family shall remain eligible for CRS services according to the initial payment agreement.

20.600 Initial Medical Evaluation

1. If a CRS Regional Medical Director or designee makes a preliminary determination that an applicant is medically eligible for CRS and the applicant seeks to enroll in CRS, the applicant shall attend a CRS clinic for an initial evaluation for medical determination.
2. If a CRS physician determines that further diagnostic testing is required before a determination of medical eligibility can be made, the CRS Regional Contractor shall:
 - A. If not enrolled in Title XIX or Title XXI, ensure that applicant/ parent understands their payment responsibilities prior to any diagnostic testing being done and that the applicant/parent signs a member payment responsibility agreement. If the applicant/parent does not sign a member payment responsibility agreement, the CRS Regional Contractor shall inform the applicant/parent that the diagnostic testing cannot be ordered and then send a written notice of withdrawal to the applicant/parent.
 - B. If the applicant has insurance, Title XIX, or Title XXI that covers the diagnostic testing the CRS physician shall:
 1. Request the applicant have the diagnostic testing completed through the insurance company and have the results of the diagnostic testing sent to CRS;
 2. Assist the applicant by working with the applicant's insurance company to obtain prior authorization of services, billing and collection from the third party payor and obtain the diagnostic results; and
 3. Make a determination of medical eligibility after reviewing the diagnostic test results.
 - C. If the applicant does not have insurance, Title XIX, or Title XXI that covers the required diagnostic testing, the CRS Regional Contractor shall:
 1. Order the required diagnostic testing; and
 2. Make a determination of medical eligibility after reviewing the diagnostic test results.

- D. If a CRS Regional Contractor determines from the initial medical evaluation at a CRS clinic that an applicant is medically eligible for CRS, the CRS Regional Contractor shall consider the applicant enrolled in CRS after the applicant complies with all enrollment requirements.
- E. If a CRS Regional Contractor determines from the initial diagnostic evaluation at a CRS clinic that an applicant is not medically eligible for CRS, the CRS Regional Contractor shall send a written notice of denial:
 - 1. To the applicant/parent and instruction on how to request an Administrative Hearing;
 - 2. To the referring physician; and
 - 3. To the Health Plan with instructions regarding review with the ADHS/CRS Medical Director.

20.700 Household Income Group

- 1. In order to calculate the CRS applicant or member's payment responsibility, the income of the applicant's household is used. The following individuals, when residing together, constitute a CRS household income group:
 - A. A married couple and children of either or both;
 - B. An unmarried couple and their common child and other children of either or both;
 - C. A married couple when either one or both are under age 21 with no children;
 - D. A single parent and the single parent's children;
 - E. A child who does not live with a parent; and
 - F. An individual who is absent from a household shall be included in the household income group if absent:
 - 1. For 30 days or less;
 - 2. For the purpose of seeking employment or to maintain a job;
 - 3. For service in the military; or
 - 4. For an educational purpose and the applicant's parent claims the child as a dependent on the parent's income tax return.

20.701 Incomes

This section provides detailed information on the components of income that is used to determine the applicant or member's payment responsibility for CRS services. Total income includes both earned and unearned income.

20.702 Earned Income

1. Earned income is defined as either cash or in-kind income received from the receipt of wages, salaries, commissions, or profit from activities in which an individual is engaged as a self-employed person or an employee. The following list includes sources of earned income, which shall be counted in the month of receipt. The list also includes exclusions or other treatment of earned income amounts that vary, depending on whether the program applied for is Title XIX or Title XXI. The following list is not all-inclusive.
 - A. Arizona Training Program. Salaries to handicapped persons working in a sheltered workshop situation are considered earned income.
 - B. Arizona Works! Program. Earnings from the Arizona Works! Sponsored on-the-job training; or Public Service Employment or from full or part-time job entries resulting out of participation in Arizona Works, except work incentive payments and reimbursements for training related expenses, are counted as earned income.
 - C. Babysitting or Child Care Income. Earnings from babysitting, including DES Day Care, is counted as earned self-employment income. Any income from the Child Care Food Program is disregarded.
 - D. Blood and Plasma Sales. Earnings from these sales are considered earned self-employment income.
 - E. Can or Bottle Collections and Sales. Earnings from these sales are considered earned income.
 - F. Contract Income. Earnings received by individuals employed on a contractual basis (including school employees who are paid on a regular schedule for nine months on a twelve-month contract) are counted as earned income.
 - G. Housekeeper or Home Health Aides. Income earned as a housekeeper or home health care aide is counted as earned income.
 - H. In-Kind Income. The value of any item, which the individual receives in return for labor expended, is counted as earned income.
 - I. Job Opportunity and Basic Skills Training (JOBS). JOBS is a group of programs, including On-the-Job Training (OJT), Work Supplementation, Community Work Experience Program (CWEP), and other programs designed to help participants rejoin the workforce.

Participants may receive wages for full or part-time job participation or reimbursement for training-related expenses for participation, which is counted as earned income.

J. Job Training Partnership Act (JTPA):

1. Income is counted as earned income for Title XXI (KidsCare).
2. For Title XIX, the treatment of income is dependent on the student's status; Title XIX excludes income earned through JTPA by a student. A Job Corps participant in JTPA is always considered a student. If the JTPA participant is not a student: exclude income earned through JTPA for the first six months that the earnings are received during the calendar year. The six months do not have to be consecutive to qualify for this exclusion.

K. Jury Pay is counted as earned income.

L. Rental Income. Earned rental income includes any monies, less expenses, received from rental property when work is involved.

1. Work may include, but is not limited to, managing rental property requiring maintenance, collection of rent, or accounting functions.
2. If the individual does not work to maintain the property or records, rent is considered unearned income.

M. Self-Employment. Earned self-employment income includes income derived from a business enterprise such as, but not limited to, taking in roomers or boarders, ranching, farming, swap meet sales, cosmetic sales, babysitting, blood and plasma sales, janitorial services, guiding for hunting, or fishing or any wholesale or retail sales. An explanation of how to determine the applicable gross income to be used in the CRS member payment responsibility calculation follows:

1. Gross business receipts are the total cash received from the business activity. This is the income before business expenses are deducted.
2. Business expenses, sometimes called "overhead" expenses, include all expenses related to the production of goods and/or services. Allowable expenses include, but are not limited to:
 - a. Costs of stocks or inventories;
 - b. Costs of operating machinery or equipment;
 - c. Rent, mortgage payments or property taxes on the business property (Note: only the interest on mortgage payments is an allowable expense; the principal is not an allowable expense);
 - d. Salaries paid to employees, as well as employer-paid benefits;
 - e. Insurance; and

- f. Advertising
- 3. The following are not deductible as business expenses:
 - a. Depreciation, unless declared for Federal income tax purposes;
 - b. Federal, state, or local income tax payments;
 - c. Entertainment expenses;
 - d. Personal transportation (including but not limited to transportation to and from work);
 - e. Cost of purchasing capital equipment; and
 - f. Payments on the principal of loans.
- 4. Gross business receipts less business expenses equals the profit. The profit is the amount to be used in counting income.
- N. Summer Youth Employment and Training Program (SYETP) Payments.
 - 1. Title XXI (KidsCare) counts the income as earned income; and
 - 2. Title XIX (Medicaid) excludes the income.
- O. Work Study Program Income of College Students-Educational benefits paid to a college student.
 - 1. For both Title XIX and Title XXI, the payments are excluded as earned income when funded by the U.S. Department of Education;
 - 2. When the funding is from any other source, the payments are counted as wages; and
 - 3. See Educational Benefits also.
- P. Vocational Rehabilitation sponsored on-the-job training are excluded as earned income.
- Q. Wages. Gross earnings from employment, prior to any deductions, garnishments, allowances or adjustments, are counted as earned income. Special benefits or deductions connected with employment earnings include:
 - 1. Advances, bonuses and commissions;
 - 2. Reimbursements - The amount of a reimbursement from an employer for a job-related expense which is in excess of the actual expense is counted as earned income;
 - 3. Sick pay and vacation pay; and
 - 4. Tips. The actual amount of tips received is counted as earned income

20.703 Unearned Income

1. Unearned income is defined as monies received for which no labor was expended. When payment from any unearned income source is reduced due to a prior overpayment, only the portion actually received will be considered. The following list includes types of unearned income, which, unless otherwise specified, shall be counted in the month of receipt. The list also includes exclusions or other treatment of unearned income amounts that vary, depending on whether the program applied for is Title XIX or Title XXI.
 - A. Agent Orange Payments are excluded.
 - B. Alaska Native Payments are excluded.
 - C. Aleutian and Pribilof Islanders Relocation Payments are excluded.
 - D. Alimony or Spousal Maintenance payments are counted as unearned income. Alimony or spousal maintenance payments are court-ordered support payments, which a legally divorced or separated person pays to the spouse.
 - E. Assistance Payments are counted as unearned income. Assistance Payments are payments received from Arizona, or Temporary Assistance for Needy Families (TANF) payments from another state. Arizona assistance payments programs include, but are not limited to, TANF, General Assistance, Tuberculosis Control, and Emergency Assistance.
 - F. Bureau of Indian Affairs (BIA)
 1. General Assistance Payments are considered to be public assistance payments.
 2. Tribal Work Experience Program or Tribal Assistance Project Program. The portion of the income, which is an incentive payment, is disregarded.
 3. Work Study Program provides for educational and living expenses. Only payments for living expenses, which are paid directly to the student, are counted as unearned income.
 - G. Child Support is any payment received from an absent parent. Child support does not have to be court ordered. An amount in excess of \$50.00 of child support received in a given month shall be counted as unearned child support income.
 - H. Contributions and Complementary Assistance
 1. Cash contributions from relatives and other persons shall be counted as unearned income, if not considered as gifts or child support.

2. A household member who is receiving SSI may voluntarily contribute to the household. In order for this contribution to be considered unearned income:
 - a. The contributor shall not be a person whose income would be required to be included in the individual/family's adjusted gross income if he/she were not receiving SSI;
 - b. The contributor's income is not otherwise considered available to be included in the individual/family's adjusted gross income; or
 - c. The contribution shall be for other than the contributor's share of household expenses.
- I. Disaster Assistance.
 1. For Title XIX (Medicaid) payments are excluded;
 2. For Title XXI (KidsCare) payments are counted as unearned income;
- J. Educational Benefits. The amount of the grant or scholarship remaining after subtracting applicable deductions is averaged over the period of months which the loan, scholarship, or grant is intended to cover. The resulting monthly income shall be counted.
- K. Energy Assistance Payments from federal government programs that provide assistance to prevent fuel-cut offs and promote energy assistance are excluded.
- L. Food Stamps and other food programs are excluded.
- M. Foster Care Payments.
 1. Payments are excluded for Title XIX (Medicaid);
 2. Payments are counted as unearned income for Title XXI (KidsCare).
- N. Emergency Assistance Payments received directly by an applicant or recipient of TANF shall be counted as unearned income.
- O. Gifts. Small, nonrecurring cash gifts, including but not limited to gifts for holidays, birthdays, or graduation, that exceed \$500 per calendar year shall be counted as unearned income.
- P. HUD Housing Assistance is excluded.
- Q. Indian Gaming Profit Distribution is counted as unearned income.
- R. Indian Payments to Specific Native American Tribes or Groups under Public Law are excluded.

- S. Industrial Compensation payments made by agencies in the Arizona Industrial Commission, similar in other states to workers injured on the job, are counted as unearned income.
- T. Insurance payments or benefits shall be counted as unearned income in accordance with the following:
 - 1. Insurance payments made directly to the insured shall be counted;
 - 2. Insurance payments designated as payment for a specific bill, debt or estimate shall be counted; and
 - 3. Insurance benefits which are used for, or are intended to meet, basic daily needs shall be counted.
- U. Interest, Dividend and Royalty payments are made directly to the individual (i.e. interest from checking or savings accounts). Funds left on deposit or converted into additional securities shall be considered a resource and not counted as income.
- V. Japanese-American Restitution Payments are excluded.
- W. Lease or Royalty from Indian Land. On some reservations, individuals own or are allotted part of the reservation land, which they may lease to others, depending upon the agreement with the tribe or stipulations on the land. In addition, in some areas, an individual family may own land that is not part of the reservation, in which case the family may lease the land. All of these land lease situations shall be treated as follows:
 - 1. All land lease income shall be counted; and
 - 2. The frequency of the land lease income varies, as follows:
 - a. Land lease income shall be counted when it is received by the BIA and posted to the individual's account, making it available for pick-up by the individual;
 - b. If land lease income is available every month, it shall be counted monthly;
 - c. Land lease income that is received less frequently than monthly shall be considered income at the time it is available; and
 - d. Funds in the BIA account prior to the month of application shall be counted as a resource and not as income. All deposits of land lease monies made after the application date are counted as income.
- X. Legal settlements, less attorney's fees, shall be counted as unearned income (i.e. lump sum compensation).

- Y. Loans. Money received from a private individual, commercial institution, or educational institution when repayment is expected and promised. A loan may be documented or may be based on a verbal agreement. A loan is differentiated from a gift or contribution by the fact that the person who made the loan expects repayment within an amount of time agreed upon.
 - 1. Title XIX (Medicaid) excludes loans from unearned income (See Interest and Dividends for loan repayment);
 - 2. Title XXI (KidsCare) counts all loans as unearned income except for certain educational loans.
- Z. Mortgages and Sales Contracts - Payments received from mortgages or sales contracts shall be considered unearned income for the amount of payment, which is interest.
- AA. Radiation Exposure Compensation Payments are excluded.
- BB. Railroad Retirement benefits shall be counted as unearned income.
- CC. Relocation Payments are excluded.
- DD. Rental Income. Income generated solely from rental payment, and not for services provided, shall be counted as unearned income.
- EE. Reparation Payments to Holocaust Survivors are excluded.
- FF. Retirement Income, Pensions and Annuities shall be counted as unearned income.
- GG. Social Security Administration (SSA) Benefits.
 - 1. SSA Benefits (sometimes referred to as RSDI--Retirement Survivors, and Disability Insurance) are granted to eligible wage earners and/or to their dependents or survivors.
 - 2. SSA Educational Benefits for persons 18 to 22 years of age who are full-time students.
 - 3. When RSDI Benefits are paid to a representative payee on behalf of a member of the applicant/family and the payee lives in the same household as the applicant/family, the RSDI Benefits shall be counted as income. When the representative payee does not live in the household, the RSDI Benefits shall be counted only to the extent that the payee makes them available for the support of the beneficiary.
- HH. Spina Bifida Payments are excluded.
- II. Stocks sold shall be counted as unearned income.
- JJ. Strike pay shall be counted as unearned income.

- KK. Supplemental Security Income (SSI). Payments to aged and disabled individuals whose other income is below the Federal Benefit Rate and who also meet other requirements. The SSI amount added to the amount of the other income less certain deductions, equals the Federal Benefit Rate (FBR).
1. SSI may be paid to a representative payee on behalf of the entitled person. When SSI is paid to a representative payee follow the procedure used for Social Security benefits paid to a representative payee.
 2. A child who receives SSI has Medicaid coverage and is therefore ineligible for KidsCare. When a person receiving SSI is living in a KidsCare Income Group the SSI income is counted as unearned income for Title XXI (KidsCare), and excluded for Title XIX (Medicaid).
- LL. TANF income shall be counted as unearned income.
- MM. Tax Refunds. Federal and State income tax refunds, including any portion identified as Earned Income Tax Credit (EITC) shall be disregarded as income.
- NN. Trust Funds. All payments received by the individual/family from a trust fund shall be counted as unearned income.
- OO. Unemployment Insurance (UI) Benefits shall be considered to be received by an individual on the third postal workday following the date benefits are mailed.
1. A postal workday is any day other than a Sunday or Federal holiday.
 2. The first day is the first postal work day following the mailing date.
- PP. Veterans' Administration Benefits (VA). Payments to veterans, their dependents, or survivors. Includes Retirement, Survivors, and Disability Benefits and pension adjustments for medical expenses. VA adjustment for medical expenses may be included on the check with the pension.
1. Title XXI (KidsCare) counts all VA benefits as unearned income.
 2. Title XIX (Medicaid) excludes from unearned income the portion of the pension payments, which are an adjustment for medical expenses. This adjustment includes VA Aid and Attendance. The remainder of the pension check is treated as unearned income.

3. Volunteers' Cash Compensation. Payments to volunteers in some government programs to help cover expenses they incur by volunteering. The amount must be less than the Federal Minimum wage. These programs include:

- a. VISTA;
- b. ACTION; and
- c. Older Americans Act programs.

If the volunteer cash compensation is less than the federal minimum wage, the entire amount of compensation is excluded from unearned income. If the amount of compensation is greater than or equal to the federal minimum wage, the amount is treated as wages (see Section 20.531, #15.)

4. VISTA income shall be excluded if it does not exceed the State or Federal minimum wage, whichever is greater.
5. Winnings from lotteries, bingo, or any other form of gambling shall be counted as unearned income.
6. WIC Payments are excluded.

20.704 Deductions from Income

1. There are certain deductions from income that are allowed when determining potential eligibility for Title XIX (Medicaid or ALTCS) and Title XXI (KidsCare) programs. These allowances include deductions for dependent care and cost of employment.

A. Dependent Care:

If the household income group received earned income and anticipates receiving earned income for the next 12 months, a deduction may be taken for the care of a child or incapacitated adult if written proof of the disability or incapacitation is provided. Both the individual receiving the earned income and the individual receiving care must live in the family household.

B. Child Care:

This is the cost paid to any babysitter or day care provider with the following requirements:

1. If the wage earner is employed on a full-time basis (86 hours or more per month), up to \$200.00 per month per child under two years of age will be deducted and up to \$175.00 per month per child age two or older will be deducted.

2. If the wage earner is employed on a part-time basis (less than 86 hours per month), up to \$100.00 per month per child under two years of age will be deducted and up to \$88.00 per month per child age two or older will be deducted.

C. Incapacitated Adult Care:

This includes costs paid to a provider for the care of an incapacitated adult. "Incapacity" is to be determined by a licensed physician or psychologist. A signed and dated statement is required.

1. If the wage earner is employed on a full-time basis (86 hours or more per month), up to \$175.00 per month will be deducted.
2. If the wage earner is employed on a part-time basis (less than 86 hours per month), up to \$88.00 per month will be deducted.

D. Cost of Employment:

For any employed individual or parent whose earned income is to be included in the household adjusted gross income, \$90.00 may be deducted from earnings each month for the cost of employment to compensate for job-related personal expenses such as transportation, uniforms, and mandatory payroll deductions.

2. If the medically qualified applicant or member **is not** eligible for federally funded programs such as Title XIX or Title XXI programs, they may take additional deductions from their income when determining ADHS/CRS member payment responsibility. These are additional deductions allowed by CRS that are not allowed for Title XIX or Title XXI. These deductions should be taken from income only when the applicant or member is not being referred to Title XIX or Title XXI programs.
 - A. Health insurance premiums paid by the household income group within the previous twelve (12) months.
 - B. Unpaid medical and dental expenses incurred by any individual in the household income group prior to the date of application or at the time of a redetermination which are the household's financial responsibility and not subject to any applicable third party payment.
 - C. Medical and dental expenses paid directly by the household income group for any household individual during the twelve (12) months prior to the date of application and not subject to any applicable third party payment.
3. When an applicant's gross annual income is at or below 200% of the Federal Poverty Level limit (FPL) amounts for income and family size, the CRS Regional Contractor shall not request additional information from the applicant to verify deductions from income.

20.705 Calculation of Household Adjusted Gross Annual Income

1. ADHS/CRS uses the adjusted gross annual income of the household income group to determine the payment responsibility for CRS services. The calculation of the adjusted gross annual income is completed in the following manner:
 - A. Determine the total income of the household income group. The total income includes both earned income and unearned income. The CRS Regional Contractor must use an ADHS/CRS approved Financial Worksheet and Budget Determination Form to assist in documenting this calculation.
 - B. For a household whose individuals receive wages or salaries, calculate the annual wage by multiplying the frequency of pay periods in one year by the amount received in each pay period. For example, if the individual receives \$500 every two weeks, the annual wage is \$500 x 26 pay periods in one year for a total wage of \$13,000.
 - C. For a household whose individuals are self-employed or seasonal workers, use the previous year's annual earned income as the total earned income. If the self-employed individual was not self-employed for a full year, calculate annual earned income based upon those months of income since self-employment began.
 - D. Determine cost of dependent care and the cost of employment deductions for the past 12 months. Refer to Section 20.704, Deductions from Income.
 - E. The adjusted gross annual income of the household income group equals the earned income plus the unearned income minus the annual allowable deductions from income.
 - F. If the applicant is not potentially eligible for federally funded programs such as Title XIX or Title XXI programs, additional deductions may be taken for paid and unpaid medical expenses and health insurance premiums.
 - G. The adjusted gross income is compared to the member payment responsibility standards.

20.706 Member Payment Responsibility Standards

1. When the CRS Regional Contractor identifies a CRS member as having private health insurance they shall ensure collection of payment for CRS Services as defined in below and in section 50.300 of this policy manual.
2. The following CRS members shall not pay for CRS services:
 - A. Wards of the state or court;
 - B. DES adoption subsidy children;

- C. DES/CMDP foster children;
 - D. AHCCCS (Title XIX and XXI) members; and
 - E. State Only Members with an adjusted gross household income of less than or equal to 200% of the current Federal Poverty Level amount for income and family size.
3. Non-AHCCCS members who have an adjusted gross household income of greater than 200% of the current Federal Poverty Level amount for income and family size shall pay:
- A. Co-payments, excluding CRS Regional Clinic visits and Outreach Clinic visits;
 - B. Deductibles according to the individual's insurance requirements; and
 - C. 100% of the following rates if the member's insurance denies due to out of network or non-covered services:
 - 1. The AHCCCS hospital per diem rates for all inpatient hospital services;
 - 2. The AHCCCS hospital outpatient cost to charge ratio for all hospital outpatient services; and
 - 3. The AHCCCS fee schedule for all physician and supplier services.
4. Non AHCCCS Members Without Health Insurance
- The following categories of members without health insurance coverage shall pay as follows:
- A. A member who has an adjusted gross household income of less than or equal to 200% of the current FPL limit amount for income and family size.
 - B. A member who has an adjusted gross household income of greater than 200% of the current FPL limit amount for income and family size 100% of the following rates:
 - 1. The AHCCCS hospital per diem rates for all inpatient hospital services;
 - 2. The AHCCCS hospital outpatient cost to charge ratio for all hospital outpatient services; and
 - 3. The AHCCCS fee schedule for all physician and supplier services.
5. The CRS Regional Contractor shall ensure that a member is not denied services because of the member's inability to pay a co-payment or deductible.

20.707 Member Payment Agreement

1. Every applicant, or if the applicant is a minor, the parent of the applicant shall complete and sign a member payment agreement that includes:
 - A. Acknowledgment and acceptance of financial responsibility;
 - B. Assignment of insurance benefits to ADHS/CRS and CRS providers;
 - C. Agreement that any monies received by the member as a court award or settlement of a claim which provides for the medical care of the member shall be used to pay CRS providers for care which is authorized and provided;
 1. Agreement that when any insurance benefits, court awards, claim settlements or other third party benefits are available, they shall be exhausted before ADHS/CRS funds shall be used to provide care for the member, or shall be used to reimburse ADHS/CRS or the CRS Regional Contractor for all care provided to the member; and
 2. Agreement that if the member receives and converts any benefits described by this subsection to the member's personal use and not for payment of the member's CRS services, the member shall be personally responsible for the payment of the services for which the benefits were intended to pay.
2. The parent must sign the ADHS/CRS Payment Agreement for a minor child under 18 years old. When the applicant is a married or unmarried individual over 18 years old, the parent or guardian may sign the ADHS/CRS Payment Agreement if the parent or guardian is exercising financial responsibility for the care and control of the applicant.
3. The CRS applicant or applicant's spouse over 18 years old may sign the ADHS/CRS Payment Agreement if the applicant or spouse is exercising the financial responsibility for the care and control of the applicant.
4. If an applicant is a ward of the State (Foster Care) and eligible for Title XIX (AHCCCS-Acute Care or ALTCS-Long Term Care) or XXI (KidsCare), the ADHS/CRS Financial Agreement does not need to be signed.
5. Enrolled Members must sign a Member Payment Agreement.

20.800 Re-determination of Eligibility for Enrolled Members

1. At any time, the CRS Regional Contractor may request a member or, if the member is a minor, the member's parent to submit financial or non-medical information/documents for re-determination eligibility (See Applicant Packet 20.500 for needed documentation).

2. At any time, a member or, if the member is a minor, the member's parent may request a re-determination of the member's payment responsibility by submitting to the CRS Regional Contractor a written request for re-determination.
3. The CRS Regional Contractor shall contact the member or parent within 30 days from receipt of the member or parent request to re-determine eligibility and schedule a financial interview.
4. The CRS Regional Contractor shall re-determine whether a member remains eligible for CRS and member's payment responsibility.
 - A. If the member has Title XIX or Title XXI health care insurance, the CRS Regional Contractor shall no later than the member's CRS expiration date:
 1. Verify that the member has Title XIX or Title XXI health insurance;
 2. Establish a new CRS expiration date for the member that is the same as the member's Title XIX or Title XXI health insurance expiration date; and
 3. Not require a member payment agreement.
 - B. If a member is no longer on the AHCCCS database, the member or member's parent, if the member is a minor, will need to re-apply for AHCCCS and/or fill out a financial application along with completing an interview with the CRS Regional Contractor financial department.
 - C. If the member does not have Title XIX or Title XXI health care insurance and the net income of the member's household group is more than 200% of the FPL, the CRS Regional Contractor shall:
 1. Notify the member or parent before 45 days of the CRS member's expiration date; and
 2. If the member or parent has maintained a net income above the 200% FPL, to sign and return to the CRS Regional Contractor a new Member Payment Agreement form within 30 days of the notice; or
 3. If the member or parent has not maintained a net income above the 200% FPL to notify the CRS Regional Contractor or representative to schedule a financial interview to determine the member's payment responsibility within 30 days of the notice.
 - D. If the member does not have Title XIX or Title XXI health care insurance and the net income of the member's household income group is equal to or less than 200% of the FPL, the CRS Regional Contractor shall:

1. Notify the member or parent, at least 45 days before the CRS expiration date, informing the member or parent that they must participate in a new financial interview;
 2. Inform member or parent of the documents and information required for re-determination;
 3. Provide an explanation that, if the member does not complete the re-determination before the expiration date of the CRS enrollment, the CRS Regional Contractor shall terminate the member's CRS enrollment;
 4. Provide a name of the CRS Regional Contractor's representative and phone number for member or parent to call and schedule a financial interview; and
 5. Sign a new Member Payment Agreement.
5. If a member who does not have Title XIX or Title XXI health insurance, or parent if the member is a minor, does not complete a redetermination before the expiration date of the member's CRS enrollment, the CRS Regional Contractor shall terminate the member's enrollment.
 6. If a member is not enrolled in Title XIX or Title XXI federally funded programs, the member shall complete a redetermination every twelve months from the date of the initial enrollment date and consecutively thereafter.
 7. If the CRS Regional Contractor re-determines that a member who does not have Title XIX or Title XXI health care insurance, and remains eligible for CRS, the CRS Regional Contractor shall provide the member or parent, a notice that informs them they remain eligible for CRS and includes a new CRS expiration date.

20.900 Termination Of Enrollment

1. A CRS Regional Contractor shall terminate a member's enrollment in CRS if one of the following occurs:
 - A. The CRS Regional Contractor determines that the member no longer meets the medical and non-medical eligibility requirements for CRS;
 - B. The member does not enroll in Title XIX or Title XXI federally funded program after a determination by the program that the member is eligible for enrollment in the program;
 - C. A member who enrolls in a Title XIX or Title XXI program does not remain enrolled in the federally funded program while eligible for the federally funded Program;
 - D. The member or, if the member is a minor, the member's parent requests a termination of enrollment;

- E. The member or, if the member is a minor, the member's parent fails to comply with the signed payment agreement or submission requirements, when applicable; or
 - F. The member or, if the member is a minor, the member's parent fails to provide documentation or information requested by a CRS Regional Contractor within defined timelines.
2. If a CRS Regional Contractor terminates a member's enrollment in CRS, the CRS Regional Contractor shall:
- A. Complete a ADHS/CRS clinic patient discharge form and place it in the individual's CRS medical record;
 - B. Update the member's medical record and notify the ADHS/CRS data system of the member's termination;
 - C. Send a written dis-enrollment letter to the member or, if the member is a child, a parent of the member, including the Hearing Rights as defined in Chapter 60.000; and
 - D. Send a copy of the written notice of termination to the member's primary care provider, if known by the Regional Contractor.

20.901 Archiving CRS Eligibility Records

- 1. CRS members actively enrolled in CRS shall have all their eligibility records maintained at all the CRS Regional Sites where services are being provided.
- 2. CRS members who are terminated from CRS shall have their eligibility records maintained at the regional site for a minimum of three (3) years.
- 3. Regional Contractor(s) may submit terminated CRS member eligibility records, after three (3) years, to the State Archives.
- 4. ADHS/CRS eligibility records will be deleted from State Archives after three (3) years of receipt.